P/REFERENCES OF DESIGN

BREAK DOWN THE STIGMA THROUGH COMMUNICATION DESIGN: A PARTICIPATORY DESIGN PROJECT FOR A CAMPAIGN ON MEDICAL ABORTION.

Giulia Panadisi*[a]

a 'G. d'Annunzio' University of Chieti Pescara, Department of Architecture, Italy
* giupanadisi@gmail.com

DOI: 10.63442/ICKS6173

KEYWORDS | COMMUNICATION DESIGN, PARTICIPATIVE DESIGN, DESIGN ACTIVISM, STIGMA, MEDICAL ABORTION

ABSTRACT | Medical abortion, is a safe and effective method for terminating pregnancies. Despite its widespread use and legal availability in many countries, stigma and misinformation persist, hindering access and comprehensive understanding. Stigma related to abortion can have significant consequences: it can discourage individuals from seeking safe and legal healthcare options, leading to potential health risks. Therefore, addressing this stigma is critical to ensuring the well-being and autonomy of individuals seeking medical abortion.

One of the most powerful tools that can be used to help break down these ideological barriers is communication design: it is crucial in shaping societal debates and influencing public views on complex, contemporary issues. It serves as a vital medium for disseminating information, presenting options, and evoking emotions. When dealing with sensitive and intricate subjects like abortion, the intersection between ethical considerations and design research and practices becomes evident.

This paper presents a project for a communication campaign on medical abortion created through a participatory design process which saw, in addition to the figure of the designer, the participation of stakeholders, activists, individuals with personal experiences of medical abortion, anthropologists, experts in reproductive health and users. The idea behind the project is to move away from the standard narrative on these issues, exploiting the language of animated communication to convey information on the topic in a clear, engaging, empathetic and effective way. The collaborative and user-centered approach of the project highlights the potential for communication design to create meaningful change in public perception and policy surrounding reproductive health.

1. Introduction

Abortion is a simple medical intervention that can be effectively managed by a wide range of healthcare providers using medications or a surgical procedure. In the first twelve weeks of pregnancy, medical abortion can also be safely self-managed by the pregnant person outside of a healthcare facility (e.g., at home), in whole or in part (WHO, 2021). Despite being a common healthcare practice, it also constitutes one of the leading causes, if not performed safely, of maternal deaths and morbidity. Each year, approximately 73 million induced abortions occur worldwide (Bearak et al., 2020), and 4.7–13.2% of maternal deaths can be attributed to unsafe abortions: in developed regions, it is estimated that 30 women die per 100,000 unsafe abortions. In developing regions, this number rises to 220 deaths per 100,000 unsafe abortions (Say et al., 2014).

The lack of access to safe, affordable, timely, and respectful abortion care, along with the stigma associated with abortion, jeopardizes the physical and mental well-being of women throughout their lifetimes. Therefore, access to safe abortion is a fundamental component of sexual and reproductive health and rights. It is a complex issue that concerns public health, a fundamental human right, and a valid indicator of social and gender inequalities (Torrisi, 2023).

Despite the legalization of abortion in most Western countries between the mid-1960s and the mid-1970s, the legitimacy of the practice in hospital settings has not become a point of agreement among all social parties, and even less so, societies in which abortion has been legalized have been affected by processes of full moral legitimation of the practice (Lalli, 2013). Although abortion is now a universally recognized practice (Boltanski, 2007), it continues to be the focus of heated debates involving political, moral, social, and religious spheres; the discussions on the topic often oscillate between indignation and tolerance (Ferrero, 2021).

This is mainly due to the fact that, as philosopher Chiara Lalli writes, “many issues are concentrated around abortion: nature, pain, the conception of women, the morality of manipulations, the inexhaustible discussion on the status of the embryo, motherhood as destiny or as the only true desire of women” (Lalli, 2013, p.34).

The social stigmatization of abortion is a societal phenomenon that varies depending on the country and culture; it is constructed and reproduced locally through different paths. In the article “Conceptualising abortion stigma,” the authors propose a definition of abortion stigma as a negative attribute attributed to women seeking to terminate a pregnancy that marks them, internally or externally, as inferior to the ideals of femininity. Choosing to avoid a specific birth, counters the prevailing view of women as perpetual life-givers and asserts women's moral autonomy in a way that can be deeply threatening (Kumar, Hessini, and Mitchell, 2009).

The stigma built around abortion is not only a tactic of activism for pro-life advocates; it is also enabled, and sometimes perpetuated, by the discourse of those who declare themselves pro-choice. At best, the dominant messages of abortion rights advocates - that abortion is a woman's choice and that reproductive rights are a legacy of enlightenment liberalism - remain silent on the issue of abortion stigma. At worst, the political and activist work of abortion rights advocates reinforces the idea, shared by patients who have had abortions, their supporters, healthcare providers, and the general public, that abortion is shameful and frightening (Ludlow, 2012). Therefore, although abortion is now a common, tested, and safe procedure, attitudes towards it, accompanied by propaganda and hostility from the pro-life movement, increase the stigma surrounding it. These negative attitudes have an impact on the lives and mental health of both those seeking abortion and those providing it.

In this highly stigmatized space, communication design plays a key role: communicative artifacts on the topic convey messages of great importance, both obviously for the theme addressed, and because in many cases the audience consists of individuals who find themselves in a condition of fear, uncertainty, and loneliness. When the narrative surrounding abortion changes, the possibility of a new mentality and different behaviors towards individuals facing voluntary pregnancy termination will arise. Where politics

imposes restrictions on the most private aspects of women's lives, design has the opportunity and the tools to address the imperfect system, increase awareness, and make urgent the need for a more diversified political system.

Starting from these premises, how can the design and communication tools available to the designer be decisive in de-stigmatizing the narrative surrounding abortion? What are the factors contributing to the realization of a communication project on these issues that can be defined as ethical and fair? An attempt to answer these questions is proposed through the story of a participatory communication campaign on medical abortion project carried out for the NGO IPPF (International Planned Parenthood Federation). One of the most important objectives of the campaign presented in the following paragraphs, in addition to the informative one, is precisely to subvert, through communication, hostile narratives, build a network of individuals whose testimonies help eradicate the stigma of abortion, and activate a new generation of politically engaged supporters.

To achieve this, the working methodology, based on a participatory design process articulated in six phases, involved a plurality of actors, including designers, experts on the subject, activists, and target users. The articulated and complex participatory design process has proven to be the fundamental key to constructing communication capable of engaging and informing the audience without instilling fear and feelings of guilt.

2. Participatory Design: Context and Tools

The involvement of end users in the design process has undergone significant and profound evolution in the field of design over the past sixty years. Participatory design is characterized as an approach to involve users in the design phase; thus, participatory design is seen as a way to address the unattainable design challenge of fully anticipating or imagining the use of a product, service, or communicative artifact before actual use occurs by people (Redström, 2008).

The approach to design by designers has changed radically over the years. There has been a shift from a total focus on designed artifacts and their functions to usability, through various methods of user testing, studying their usage, and involving potential users in the design process (Ehn, 2008). Examples of such approaches range from user-centered design focused on use and usability, as in User Centered Design (Ritter et al., 2014; Chilana et al., 2015; Gasson, 1999; Norman and Draper, 1986), to contextual design focused on the context of use (Holtzblatt and Beyer, 1997; Wixon et al., 1990), to contemporary experience design approaches focused on creating user experience (Sanders and Dandavate, 1999; Sikorski and Garnik, 2010; Quiñones and Rusu, 2019).

User-centered design, which originated in North America in response to usability issues in interaction with information systems, represented the first attempt to shift focus from technologies to people. From this point onwards, ordinary people have increasingly gained space and different roles in the design process. Since the 1990s, UCD has evolved, especially following the results obtained from its application in research and design projects, it has expanded its goals, developed new user study techniques, and changed the perspective through which to guide the user's role in the design process (Rizzo, 2009).

The most recent approach is that of co-design, which is based on the active participation of people as designers through intensive workshops with participants, focusing on visual activities and direct manipulation. For these activities, co-design develops specific toolkits based on pre-determined objectives. Therefore these tools differ from those used in participatory design which can be identified in interviews, focus groups, and questionnaires. All these approaches somehow seek to meet the challenge of anticipating, or at least predicting, and designing for use before it actually takes place – design for use before use. (Redström 2008).

Participatory design, which is the methodology used for the production process of this campaign, is placed in this design context with particular attention to people participating in the design process as active users. Studying what people think, what they do, the uses they manifest, and especially how they narrate what they have experienced, allows understanding experiences and placing this knowledge at the basis of generating design ideas.

Since the 1970s, design has felt the need to observe people and their behaviors more closely, placing them in their context. In this initial phase, which saw the field of application mainly in home informatics, the observation talked about was a one-way activity: the designer was the observer, while the user was only the object of observation. Subsequently, this strongly asymmetric relationship between active observer and passive observed was questioned. It was realized that relationships with the context, given their complexity, could not be understood without some form of active involvement of the user. This reflection led to the definition of a new user figure: the user as an "expert actor." That is, as an active subject and bearer of knowledge that only he, thanks to his direct experience, can truly have. User experience as a new field of analysis, and the design experiments based on this, thus became a much-debated topic in the design community (Manzini, 2009).

The tradition of participatory design (Bjerknes, Ehn, and Kyng 1987); (P. Ehn 2006) has been to ensure that end users of a product or design service are involved in the design; it has its roots in movements for the democratization of work in Scandinavian countries. In the 1970s, participation and joint decision-making became important factors in relation to jobs and the introduction of new technologies. Participatory design began from the simple point of view that those involved in using a product should have a say in the design process. A political belief that did not anticipate consensus, but also controversies and conflicts around an emerging design object. Therefore, participatory design sided with weak stakeholders in terms of resources (typically local unions) and developed project strategies for their effectiveness and legitimate participation (Ehn, 2008). The Norwegian Union of Iron and Metal Workers (NJW) initiated one of the first participate design projects in collaboration with researchers from the Norwegian Computing Center from 1970 to 1973. The goal was to involve workers in designing a computer-based planning and control system for their workplace. A plan was devised, based on a participatory approach and inclusion of workers' knowledge, with various activities for unions, including work groups to discuss and find solutions through action programs, evaluations of existing information systems, and proposals for change. Researchers participated with conferences and support in developing project outcomes. In addition, educational material was developed, in the form of a textbook, to support these activities (Van der Velden and Mörtberg, 2015).

Building on these early experiences, the subsequent decades saw the creation of numerous tools aimed at capturing the motivations and meanings behind people's actions in their context. The designer first became an observer and then a mediator, capable of interpreting people's active narratives. Today, in participatory design, in addition to the already mentioned standard tools, a series of remote collaboration tools made available by web technologies and open and peer-to-peer architectures (P2P) are also used. All these tools are increasingly being used to test the initial hypotheses of a project. To allow the involved actors to map the space of possibilities and verify the existence of alternative hypotheses. As is quite evident, their use, if done consistently, implies a profound innovation in the design process. But not only that. It also implies, and above all, a profound change in the role of designers (Manzini, 2009).

A complementary reason for using the participatory methodology, and in the long run probably the strongest motivation for its use in many contexts, has been to ensure that existing skills could be valued and all useful resources used in the design processes. In summary, it could be said that two types of values strategically guide participatory design. One is the social and rational idea of democracy as a value that leads to considering the conditions for adequate and legitimate user participation. The other value could be described as the importance of involving the "tacit knowledge" of participants in the design process, not just their formal and explicit competence.

In the following paragraphs, it will be illustrate how, through a participatory design process that involved a large number of expert actors and target users, a communication campaign on the topic of medical abortion was designed.

3. The Campaign: Abortion Pills

The idea behind the communication campaign commissioned by the non-governmental organization IPPF is to create an international digital informational campaign on the topic of medical abortion. The purpose is to communicate medical practice-related information to users, departing from standard narratives on the topic, through the effective and captivating language of animation.

As anticipated in the introduction, the issues surrounding the topic of voluntary termination of pregnancy are delicate, and often the communication built around them is influenced by political, cultural, religious, and social suggestions. Aggressive communication on the subject can lead to terrible consequences.

The central theme of the campaign is medical abortion in all its complexity: history, global usage, medical procedures, information on support networks, explanation of the procedure and bodily reactions after administration, and an overview of how it works in different parts of the world. All these topics create a comprehensive narrative, which, starting from historical references on the use of misoprostol, the drug used in combination with mifepristone is used in the medical abortion procedure, initially used as a medicine to treat gastric ulcers and then informally used as an abortifacient drug, offers an overview not only of the purely clinical aspect of the procedure but also, and above all, of the support network and psychological aspects of facing a voluntary termination of pregnancy.

Due to the presence of medical, psychological, legislative, and civic-related themes, the support of a plurality of actors was fundamental. Indeed, at the project's core, it was decided to integrate the normal workflow of producing a standard communication campaign with a participatory design process that involved collaboration between various figures internal and external to the NGO: in addition to the designer, anthropologists, copywriters, activists, target users, and experts in abortion practices from a medical and legislative perspective also collaborated on the project. These different actors worked synergistically throughout the project, contributing to different phases of the project according to their expertise.

The target audience chosen to work on is young adults, including people aged between 25 and 40 years old: research has shown that the highest percentages of voluntary pregnancy termination mainly occur in this age group. From the analysis conducted on personas, it emerged that the target primarily seeks information on social media using smartphones; therefore, two social media platforms were chosen for distributing the campaign: TikTok for the younger age group (25-32) and Instagram for the older age group (33-40). Both social media platforms, despite presenting different characteristics and purposes, share common elements, the most macroscopic of which is the use of video to communicate, whether it be a reel, a story, or a live stream.

The choice of distribution platforms influenced the definition of the campaign's output type; specifically, based on the typical consumption pattern of these social media, a series of short vertical format videos were chosen. The vertical format is conditioned by the choice of smartphones, allowing the video to be viewed in full screen, since these social media platforms currently do not allow for rotating the viewing mode. The choice to make a series of short videos, in total ten videos were made with a duration varying between one and two minutes, rather than a single video is dictated by several factors: firstly, for ease of viewing, single-topic consumption is simpler and more manageable than a long single video; secondly, given the increasingly reduced attention spans and the shrinking space dedicated to learning a subject (Iotti 2020), the brief single video is certainly more appealing to the identified target.

The concept behind these videos is to create ten individual stories, each on a specific theme, with a beginning and an end, but ensuring that these ten elements are linked by the style of the illustrations and

the character of animations. In practice, each video is conceived as a micro theme within the macro theme of medical abortion: it can be viewed individually without following a specific order, but when put together with all the others, it forms a complete picture on the topic. The style of illustrations, typographic choices, and color palette constitute the distinctive character of the campaign: although the subject brings to mind a decidedly "medical" cold color palette often seen in campaigns on similar topics, the desire to position oneself in a certain contrast with what already exists is manifested precisely by the chromatic, font, and representation choices, as will be illustrated in the following paragraph.

4. Methodology

The production of this campaign involved six phases of work (Fig.1) , which saw the involvement of various actors and the use of multiple design tools and methodologies depending on the needs presented by each stage of the project. All contributions from the professionals involved, alongside the work of the designer, significantly contributed to the development of the project in every aspect: thanks to the variety of skills brought to the table, it was possible to enrich the design process with contributions that offered a composite view from different perspectives.

Among the figures involved, the work of anthropologists, experts in voluntary termination of pregnancy, copywriters, and communication consultants led to the production of the scripts for the ten videos; the synergy of these figures ensured that the narrative was always positive and as clear and effective as possible. Interviews with activists, who are already involved in communicating information, testimonies, and resources on the topic through various means, building important support networks in the area, were crucial in the concept phase to steer the project in the right direction. Finally, focus groups and questionnaires provided the opportunity to test the artifacts and correct some images and words to ensure that the concept expressed by the voiceover was represented in the best possible way.

Although the campaign was primarily designed for the Italian territory, an English version was also produced and then subtitled in six other languages. The internationality of the campaign provided an opportunity to create moments of comparison and focus groups for participatory design both in Italy and abroad, in this case within the European territory.

The design methodology involved pre-production, production, and post-production phases accompanied by three phases of participatory design: each production phase corresponded to a feedback phase, focus groups, and comments that led to the next phase.

Below, we will outline the main co-design phases grouped into three paragraphs, each of which presents two work phases that coincide with the three production steps of the project.

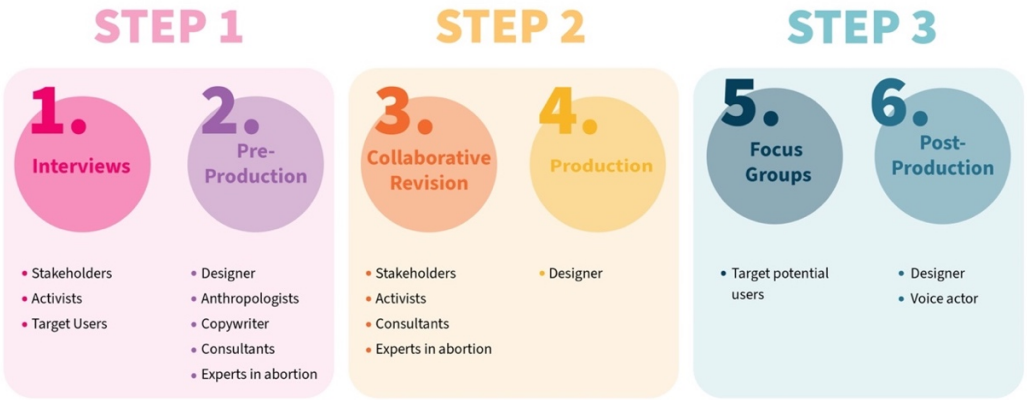

Figure 1. Diagram of the project methodology: steps, phases and actors involved in participatory process. Photo: © Giulia Panadisi.

4.1 Step 1: Interviews + Pre-Production

Starting from the brief provided by the client, the first phase of the project addressed the pre-production and the narrative construction. The work began with exploratory discussions between the NGO consultants, who were responsible for the scriptwriting, and the designer, who produced concepts, schematic illustrations, storyboards, and style frames. The initial discussions served to deepen the understanding of the topic, identify potential strengths and weaknesses of the project through the SWOT analysis, define the number and the characteristics of the project outputs, identify the target audience, and select the main distribution platforms.

From these early creative moments, it was decided to initiate an open dialogue with a broader audience of potential users and abortion activists. Through two days of interviews, conducted before the definition of the project concept, forty-eight people, including activists and potential user-viewers, expressed ideas, feelings, fears, and desires regarding the project brief. This involvement was immediately very useful and appreciated by both sides. In this way, stakeholders had the opportunity, in the initial phase of the project, to gain an "outside" perspective from a group of people working in the field, the activists, who provided a very broad and knowledgeable view on the topic, collecting references and materials useful for a more effective understanding. The viewpoint of some potential campaign viewers was also very useful, both to capture their expectations and to understand the level of knowledge about the topic among the audience: this ensured the use of a scientific language understandable even to a non-specialized audience. From the involvement of the activists, moreover, a relationship of openness and the possibility of sharing and sponsoring the campaign on their channels immediately emerged. This factor also proved to be very important because it ensured a first part of the campaign's promotion free of charge and widespread through different media including various social, web, and print.

The collection of these numerous inputs led to the definition of a creative and strategic concept: the style chosen for the campaign is two-dimensional vector illustration, characterized by a pop color palette; characters are depicted with skin and hair colors completely outside of normality to avoid any association with races and ethnicities and to distance themselves from any stereotypes of women and femininity narrated in mainstream communication artifacts (Fig.2). The script avoids direct dialogue and features a lively female voice-over; in the early stages of the project, voices generated with artificial intelligence tools are used to allow for quick audio and text modifications after feedback and focus group stages with the target users. The production of storyboards progresses in the direction of the concept, with nothing directly referencing the medical environment (such as internal organs, fetuses, surgery, etc.), but everything is abstracted into highly dynamic and colorful animated geometries.

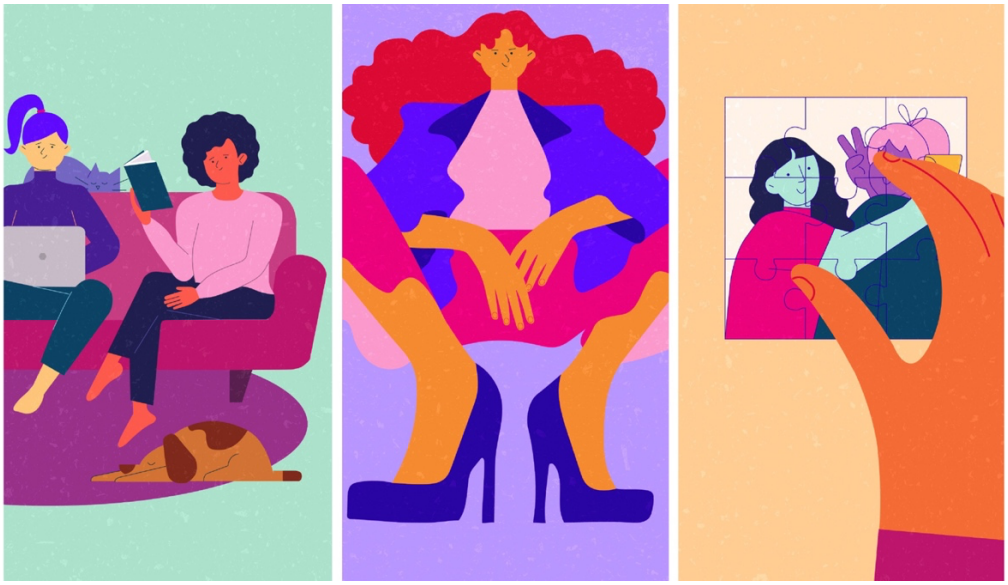

Figure 2. Some style frames of the campaign. Photo: © Giulia Panadisi.

4.2 Step 2: Collaborative Review + Production

The pre-production phase was followed by a verification and feedback phase on the produced material (Phase 3): consultants, experts in abortion practices, and activists had the opportunity, through online work-sharing tools, to comment on the texts and storyboards, identifying inaccuracies, unclear elements, or potentially ambiguous aspects. This review was very important to refine the texts and perfect the storyboards, allowing for a smoother transition to the next phase, avoiding excessive changes during production, which would have been much more problematic to implement.

The fourth phase corresponds to the production phase of the animated artifacts. The workflow is organized into two production blocks, each comprising five videos, allowing for an initial review between consultants and the client of the first five, while the production of the second block takes place, followed by modifications during the review of the second block of five video. The production phase first involved preparing assets for animation and then the animation process for the ten videos. Although the animated artifacts can be viewed individually, they all share the same style and dynamics to give a unique and recognizable character to the entire campaign. The chosen animation technique is 2D because, from the initial interviews, it was found to be the closest animation tecnique to the chosen target audience.

4.3 Step 3: Focus Group + Post-Production

After the production phase of the artifacts and an initial internal review within the stakeholder group, a survey is circulated online with the dual objective of gathering information on the perception of abortion by a broad, non-specialized audience and recruiting volunteers within the target demographic to participate in focus groups. With approximately 500 responses to the survey, 100 participants are selected, further divided into ten groups; each group of ten individuals participates in a focus group. The online focus groups are organized on different days, with each group presented with a combination of three videos, divided into overarching topics, along with a questionnaire to be completed for each video.

From the focus group sessions, a wealth of data emerges, systematically organized through questionnaire responses, providing valuable feedback on the campaign. The focus groups are generally successful, with users giving positive feedback on the comprehensibility, engagement, and aesthetics of the animated products. The most significant finding is that at the end of viewing, medical abortion is perceived by viewers for what it actually is: a medical procedure one is free to choose. Questionnaires completed during the focus groups and verbal testimonies reveal that the video narratives are perceived as rigorous and impartial, yet the colorful and positive imagery, divergent from stereotypes on the topic, elicit positive reactions from viewers.

The main areas for improvement involve minor text modifications, the choice of one word or verb over another, or the use of a complete word rather than an abbreviated acronym. This fifth phase represents a crucial juncture for the project: it allows for necessary text modifications and yields a more reasoned and comprehensible version of the videos.

Following subsequent revisions after the focus groups, the project enters the final phase of work before the campaign launch: post-production. Since the artifacts are entirely digital, without live-action imagery, post-production primarily involves recording the final speaker in both Italian and English, performed by a professional, and finalizing the audio mix with the new speaker for all videos.

During this phase, distribution and promotion strategies for the campaign materials are also defined, including video launch plans, creation of social media profiles and corresponding editorial plans, marketing and communication strategies, and plans for engaging the audience through stories, interviews, and live testimonials.

5. Conclusions

In conclusion, the project presented in this paper has shed light on the potential of communication design in addressing highly complex and delicate issues. It has been demonstrated how participatory approaches can help to break down the stigma surrounding medical abortion. By actively involving stakeholders and the target audience throughout the design process, a campaign has been developed that not only educates and informs the public on the topic in a transversal manner, but also promotes empathy, understanding, and solidarity.

It is well-known that designers wield powerful design and communication tools; they can steer their work towards an ethical dimension of the profession by serving the community. This practice should not be entirely subservient to the commercial logic of consumerist society but should rediscover project areas relevant to improving human life quality and redefine new priorities in the scale of professional values. To achieve this, the designer cannot act alone in project development. Storytelling designed for a campaign alone cannot change a segment of society's view on a particular issue, but when integrated into a participatory project, it can be enriched, refined, and shaped around people, thereby becoming effective and engaging.

Throughout all stages of work, complexities related to addressing sensitive issues concerning abortion were encountered. The participation of various actors in different parts of the project ensured that the campaign reflected diverse perspectives, conveying real experiences and collective sentiments. It has already emerged from the data collected following the focus groups that initiating participatory design from the early stages of work has brought tangible benefits in all subsequent phases, making the workflow more agile and effective. By approaching creative work with inclusivity, accessibility, and openness in design decisions, an effort was made to create a campaign that resonates with a wide audience, challenging misconceptions and prevailing stereotypes on the topic.

The main difficulties encountered in the development of the pre-production and production phase were mainly linked to the use of terminology and the updating of the legislative rules that regulate the subject in the various countries of the world. The final text of the videos has seen many revisions, both to make the text understandable to non-specialist users and to ensure inclusive and positive language. Furthermore, some rules have changed in a few weeks and this has made it necessary to remove some scenes and add new ones.

At the time of writing this paper, the last phase of the project, the sixth, has been completed, and the campaign launch is awaited in the coming weeks. It will be crucial to conclude the work with an evaluation phase, where the actual results of the campaign can be determined: assessing its effectiveness and impact, both in terms of changing attitudes and behaviors related to medical abortion and reducing stigma within communities and healthcare systems.

Furthermore, this project serves as a good starting point for envisioning future research to evaluate the scalability and adaptability of participatory design approaches in addressing other complex issues on similar themes, where stigma prevents an informal view on the subject, thus contributing to the broader discourse on the role of communication design in promoting social change and equity in public health.

References

Bearak, J., Popinchalk, A., Ganatra, B., Moller, A. B., Tunçalp, Ö., Beavin, C., Kwok, L., & Alkema, L. (2020). Unintended pregnancy and abortion by income, region, and the legal status of abortion: Estimates from a comprehensive model for 1990-2019. *The Lancet Global Health, 8*(9), e1152–e1161. https://doi.org/10.1016/S2214-109X(20)30315-6

Bjerknes, G., Ehn, P., & Kyng, M. (1987). *Computers and democracy: A Scandinavian challenge*. Gower.

Boltanski, L. (2007). *La condizione fetale. Una sociologia della generazione e dell'aborto*. Feltrinelli.

Bucchetti, V. (2019). Pubblica utilità: Nuovi e vecchi compiti del design della comunicazione. *i+Diseño: Revista Científico-Académica Internacional de Innovación Investigación Y Desarrollo En Diseño, 14*(December), 133. https://doi.org/10.24310/Idiseno.2019.v14i0.7088

Chilana, P. K., Ko, A. J., & Wobbrock, J. (2015). From user-centered to adoption-centered design: A case study of an HCI research innovation becoming a product. In *Proceedings of the 33rd Annual ACM Conference on Human Factors in Computing Systems* (pp. 1749–1758). ACM. https://doi.org/10.1145/2702123.2702412

Ehn, P. (2006). Participation in interaction design: Actors and artifacts in interaction. In *Theories and practice in interaction design*. CRC Press. https://doi.org/10.1201/9781482269536-21

Ehn, P. (2008). Participation in design things. In *Proceedings of the Participatory Design Conference (PDC)* (pp. 92–101). ACM Digital Library. https://dl.acm.org/doi/10.5555/1795234.1795253

Ferrero, L. (2021). Aborto e obiezione di coscienza: Motivazioni, percezioni e posizionamenti etici dei ginecologi. In L. Ferrero & E. Pulice (Eds.), *Pluralismo etico e conflitti di coscienza nell'attività ospedaliera. Scelte riproduttive e dibattiti sulla genitorialità* (pp. 63–88). Il mulino.

Gasson, S. (1999). The reality of user-centered design. *Journal of Organizational and End User Computing (JOEUC), 11*(4), 5–15. https://doi.org/10.4018/joeuc.1999100101

Holtzblatt, K., & Beyer, H. (1997). *Contextual design: Defining customer-centered systems*. Elsevier. https://doi.org/10.1145/286498.286629

Iotti, L. (2020). *8 secondi: Viaggio nell'era della distrazione*. Il Saggiatore.

Kissling, E. (2018). *From a whisper to a shout: How social media activism is challenging abortion stigma*. Watkins Media Limited.
Kumar, A., Hessini, L., & Mitchell, E. M. (2009). Conceptualising abortion stigma. *Culture, Health & Sexuality, 11*(6), 625–639. https://doi.org/10.1080/13691050902842741

Lalli, C. (2013). *La verità, vi prego, sull'aborto*. Fandango Libri.

Ludlow, J. (2012). Love and goodness: Toward a new abortion politics. *Feminist Studies, 38*(2), 474–483. https://doi.org/10.1353/fem.2012.0007

Norman, D. A., & Draper, S. W. (1986). *User centered system design: New perspectives on human-computer interaction*. Lawrence Erlbaum Associates. https://doi.org/10.1201/b15703

Quiñones, D., & Rusu, C. (2019). Applying a methodology to develop user experience heuristics. *Computer Standards & Interfaces, 66*(October), 103345. https://doi.org/10.1016/j.csi.2019.04.004

Redström, J. (2008). RE: Definitions of use. *Design Studies, 29*(4), 410–423. https://doi.org/10.1016/j.destud.2008.05.001

Ritter, F. E., Baxter, G. D., & Churchill, E. F. (2014). User-centered systems design: A brief history. In F. E. Ritter, G. D. Baxter, & E. F. Churchill (Eds.), *Foundations for designing user-centered systems: What system designers need to know about people* (pp. 33–54). Springer London. https://doi.org/10.1007/978-1-4471-5134-0_2

Rizzo, F. (2009). *Strategie di co-design: Teorie, metodi e strumenti per progettare con gli utenti*. Franco Angeli.

Sanders, E., & Dandavate, U. (1999). Designing for experiencing: New tools. In *Proceedings of the First International Conference on Design & Emotion* (pp. 1–6). CDR. https://doi.org/10.1201/9781482269536-21

Say, L., Chou, D., Gemmill, A., Tunçalp, Ö., Moller, A., Daniels, J., Gülmezoglu, A. M., Temmerman, M., & Alkema, L. (2014). Global causes of maternal death: A WHO systematic analysis. *The Lancet Global Health, 2*(6), e323–e333. https://doi.org/10.1016/S2214-109X(14)70227-X

Sikorski, M., & Garnik, I. (2010). Towards methodology for user experience measurement in online services. In *Advanced information technologies for management – AITM 2* (pp. 244–254). https://doi.org/10.1007/978-3-030-20978-2_24

Torrisi, C. (2023). Aborto farmacologico in Italia: Tra ritardi, opposizioni e linee guida internazionali. *Medici del Mondo*.

Van der Velden, M., & Mörtberg, C. (2015). Participatory design and design for values. In *Handbook of ethics, values, and technological design: Sources, theory, values and application domains* (pp. 1–15). Springer. https://doi.org/10.1007/978-94-007-6970-0_33

Wixon, D., Holtzblatt, K., & Knox, S. (1990). Contextual design: An emergent view of system design. In *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems* (pp. 329–336). ACM. https://doi.org/10.1145/97243.97304

World Health Organization. (2021). Abortion. *World Health Organization*. Retrieved July 24, 2024, from https://www.who.int/news-room/fact-sheets/detail/abortion

About the Author:

Giulia Panadisi is an Adjunct Professor in Design. Her research work investigates the relationship between communication design, social inclusion and education. Alongside the research and teaching commitment, she works as a freelance art-director and motion designer.

P/REFERENCES OF DESIGN

This contribution was presented at Cumulus Budapest 2024: P/References of Design conference, hosted by the Moholy-Nagy University of Art and Design Budapest, Hungary between May 15-17, 2024.

Conference Website
cumulusbudapest2024.mome.hu

Conference Tracks
Centres and Peripheries
Converging Bodies of Knowledge
Redefining Data Boundaries
Bridging Design and Economics
Speculative Perspectives
The Power of Immersion
The Future of Well-being
Taming Entropy: Systems Design for Climate and Change
Ways of Living Together
Cumulus PhD Network

Full Conference Proceedings
https://cumulusbudapest2024.mome.hu/proceedings

ISBN Volume 1: 978-952-7549-02-5 (PDF)
ISBN Volume 2: 978-952-7549-03-2 (PDF)

DOI Volume 1: https://doi.org/10.63442/IZUP8898
DOI Volume 2: https://doi.org/10.63442/TADX4016

Conference Organisers
Moholy-Nagy University of Art and Design Budapest (MOME)
mome.hu
Cumulus Association
cumulusassociation.org